



MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH SYSTEMS



**FACILITY REQUEST TO ACCEPT EVIDENCE OF DEFICIENCY CORRECTION
(IN LIEU OF A REVISIT)**

Facility: _____ CMS Provider Number: _____

Address: _____

Survey or Revisit Date: _____ Intake Number (If applicable): MI _____

This facility was cited for noncompliance with the following Medicare/Medicaid Regulations on the survey date indicated above:

Tag: _____ Scope/Severity: _____ Tag: _____ Scope/Severity: _____

Tag: _____ Scope/Severity: _____ Tag: _____ Scope/Severity: _____

This form is used for submitting evidence of compliance for citations at scope and severity levels F or below, that are not substandard care, in accordance with Centers for Medicare and Medicaid Services SOM 7317B for citations not needing a revisit to verify compliance. See SOM 7317B, Plan of Corrections Instructions and "Instructions for Submitting Evidence of Deficiency Correction" for guidance on acceptable evidence of compliance. Evidence of compliance must be consistent with the Plan of Correction approved by the Bureau of Health Systems for deficiencies submitted. Evidence to document compliance for each citation, including the date of compliance and establishment of a quality assurance program to sustain compliance, should be attached to this form.

By signature below and submission of the attached evidence, the facility alleges the correction of the above deficiencies and the presence of ongoing quality assurance to ensure that continuing compliance with these regulations will be maintained. It is understood that MDCH/BHS reserves the right to determine if the evidence submitted verifies compliance and to visit the facility at any time to verify correction of deficiencies. It is further understood that enforcement remedies applicable to deficiencies may be immediately imposed if MDCH/BHS determines that the facility has not corrected deficiencies.

Name of Administrator (Please Print) _____

Administrator's Signature: _____ Date: _____

For MDCH/BHS: This evidence has been determined to be: **acceptable** **not acceptable**
evidence of compliance.

The effective date of compliance is: _____ .

BHS Manager Signature: _____

Date: _____

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH SYSTEMS**

**INSTRUCTIONS FOR SUBMITTING EVIDENCE OF DEFICIENCY CORRECTION
(In Lieu of Revisit)**

Presentation of Evidence of Correction in Lieu of Revisits

A revisit may be conducted at any time for any level of non-compliance. However, MDCH **may** allow a facility to present acceptable evidence of correction in lieu of a revisit if a survey does not find non-compliance at scope and severity Level F (with substandard quality of care) or at Levels G through L. Evidence of compliance in lieu of a revisit **is not allowed** after a second revisit has been conducted. There are no exceptions. Evidence of compliance is generally acceptable when verification can be documented and does not require on-site observation.

An eligible facility may present evidence of correction in lieu of a revisit by submitting to the appropriate Licensing Officer or Complaint Team Manager the evidence of compliance and an explanation how compliance was achieved. The form, *Facility Request To Accept Evidence of Deficiency Correction In Lieu of a Revisit* (BHS-OPS-325), may be used to submit evidence of compliance for citations.

If a facility believes it meets the criteria for presentation of evidence of correction, it can submit its evidence with BHS-OPS-325 and its Plan of Correction. Completed forms are processed by MDCH and the facility is notified of results. If the evidence is not accepted, an onsite revisit must be conducted.

Examples of acceptable evidence are:

- An invoice or receipt verifying purchases, repairs, etc.,
- Sign-in sheets verifying attendance of staff at in-service training,
- Interviews with more than one training participant about training,
- Contact with resident council; e.g., when dignity issues are involved.

The compliance date when a facility has submitted acceptable evidence in lieu of a revisit is the date the evidence indicates the facility corrected the deficiency and is in substantial compliance; i.e., has no outstanding deficiencies.